

Name
in
Full

Flora M. Adamson

CERTIFICATE OF DEATH

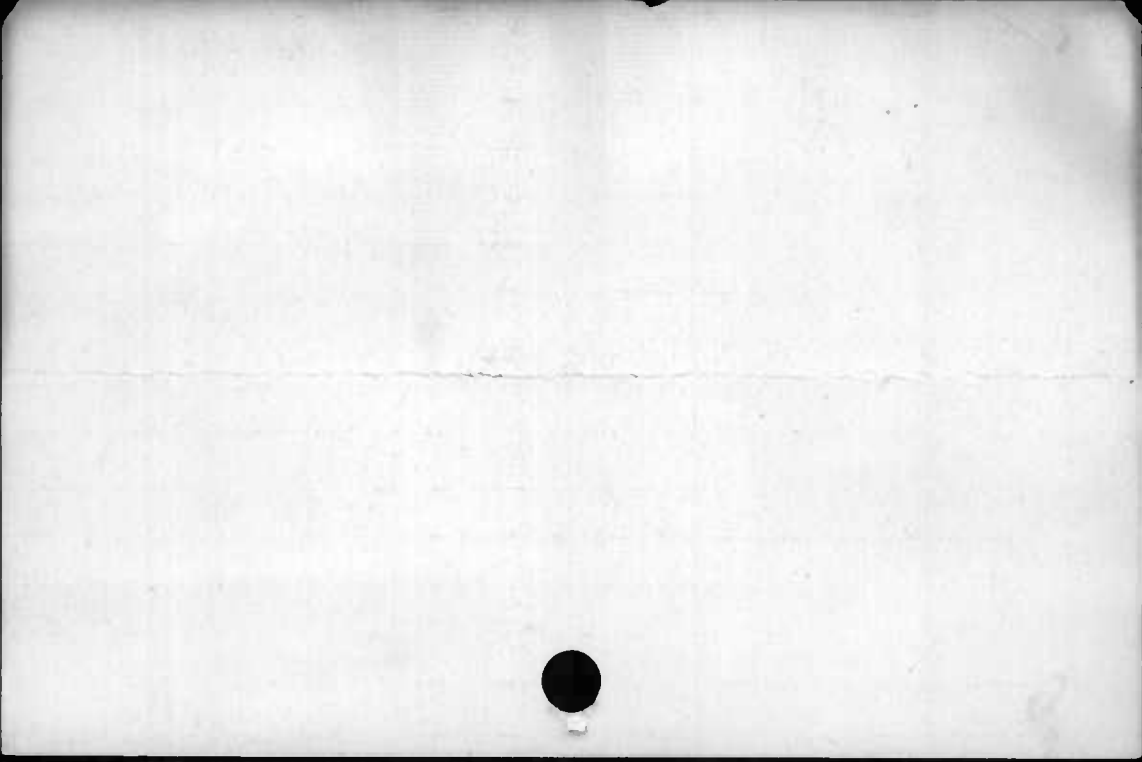
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Annapolis</i>		Town <i>Annapolis</i>		County <i>Montgomery</i>		MAYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>5</i>	Years <i>34</i>	Age <i>34</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Maryland</i>				
Occupation <i>Nurse</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>						
Father's Name <i>Robert L. Adamson</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Adamson</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Ruben Humphrey</i>	How related to deceased <i>Not at all</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward Anderson M.D.</i>
	Address <i>Rockville, Md.</i>
Accident or Suicide? <i>8</i>	



Name
In
Full

Lewis Askins

CERTIFICATE OF DEATH

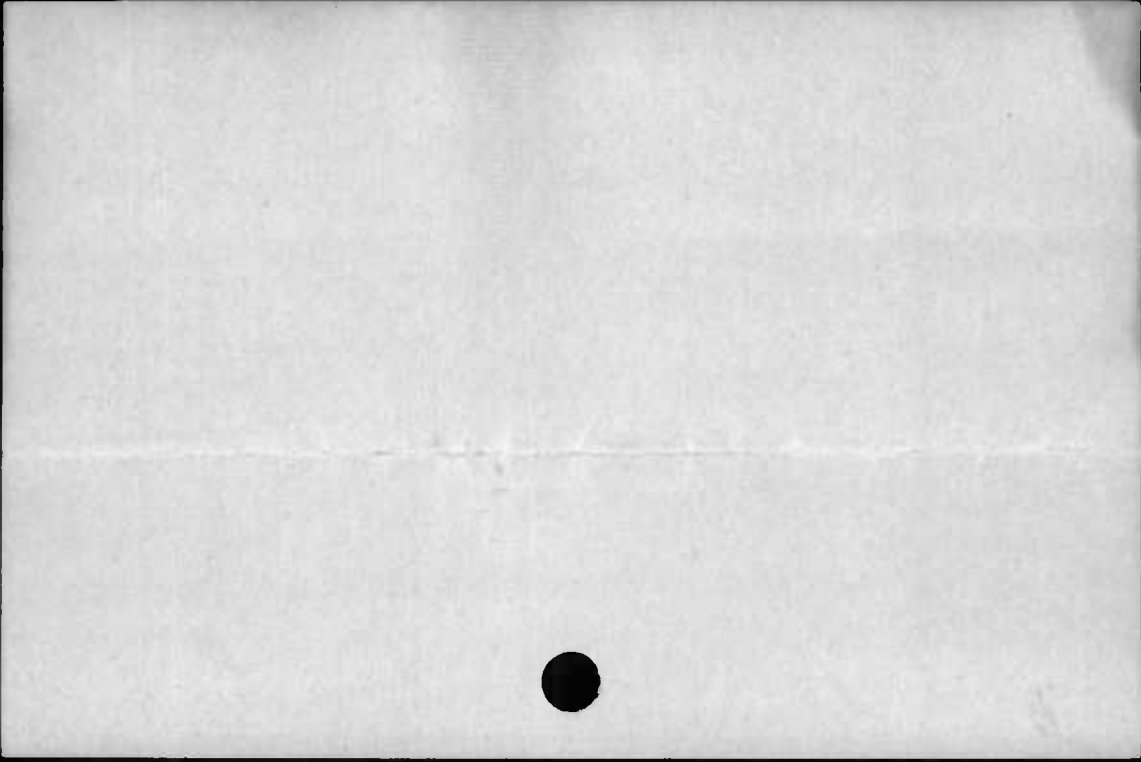
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brighton</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>71</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Age	<i>5</i>
Occupation		Birth-place		<i>Brighton</i>	
Married, Single or Widowed		Where Residing if not at place of death			
Father's Name		Name of Wife or Husband		Father's Birthplace	
<i>George Askins</i>				<i>Pineville</i>	
Mother's Maiden Name				Mother's Birthplace	
<i>Mary Bacon</i>				<i>Brighton</i>	
Name of person giving information		<i>George Askins</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Had a history of "Whooping" ever since birth</i>	How long	<i>4 months</i>
Immediate	<i>Bronchial Pneumonia</i>	How long	<i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Aug. Stabler</i>	
		Address	
		<i>Brighton</i>	
Accident or Suicide?			



Name
In
Full

Henrietta S. Bentone

CERTIFICATE OF DEATH

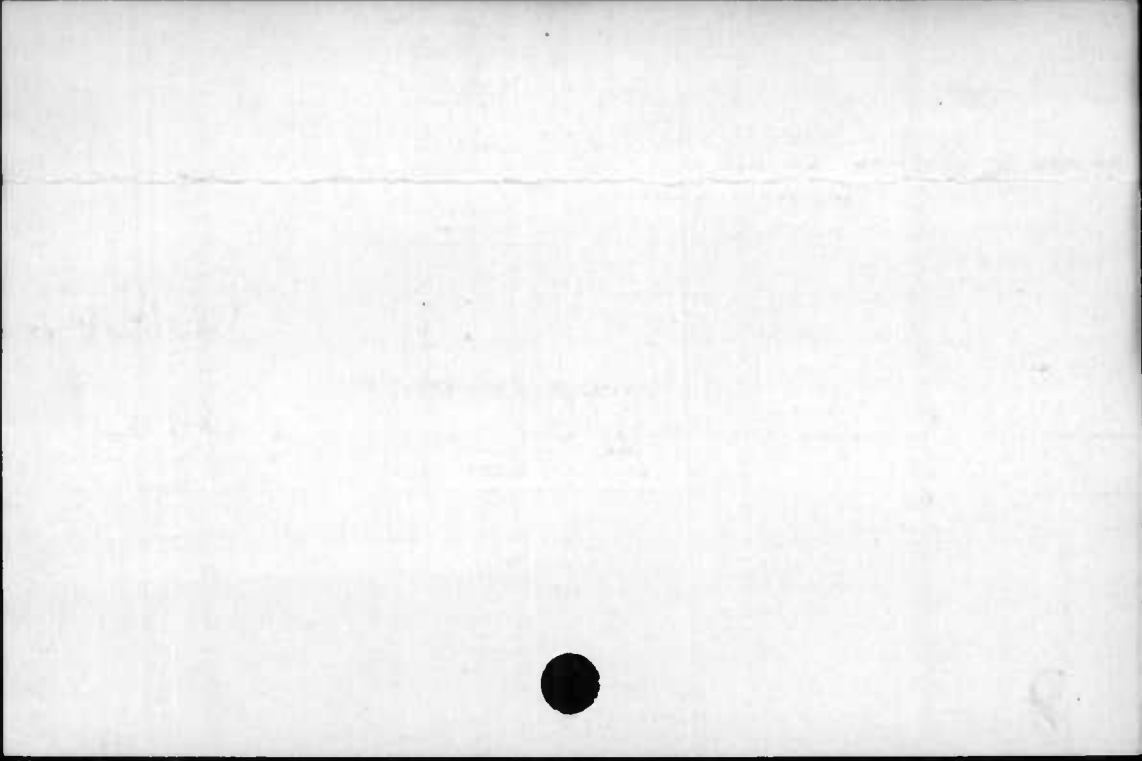
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattstown</i>		Town		<i>Montg.</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>16</i>	Age	<i>68</i>	Years	Months
Sex	<i>Female</i>	Color or Race	<i>White</i>		Birthplace		<i>Hyattstown</i>		
Occupation					Where Residing if not at place of death				
Married, Single or Widowed					Name of Wife or Husband				
Father's Name					Father's Birthplace				
<i>Samuel S. Bentone</i>					<i>-</i>				
Mother's Maiden Name					Mother's Birthplace				
<i>Elizabeth Simmons</i>					<i>+</i>				
Name of person giving information					How related to deceased				
<i>John Gardner</i>					<i>Nephew</i>				

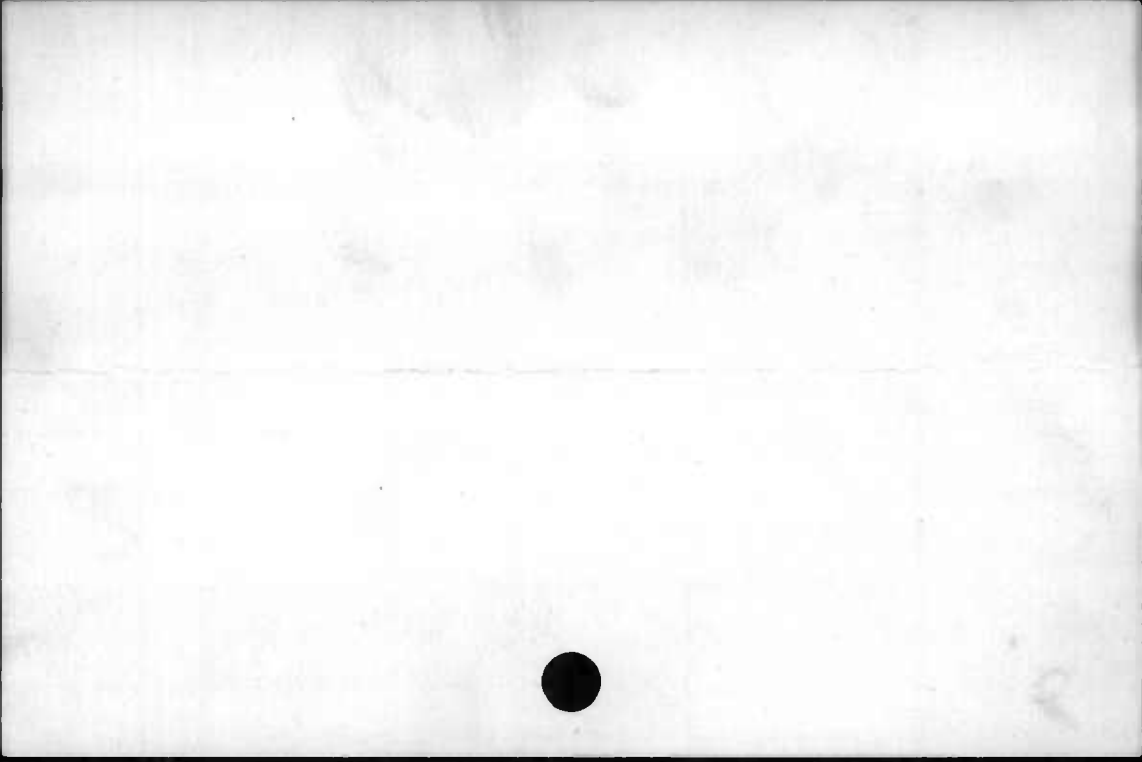
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paresis</i>	How long	<i>6 mos.</i>
Immediate	<i>Insult</i>	How long	<i>-</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>R. Deets</i>	
		Address	
		<i>Clarksburg</i>	
Accident or Suicide?			



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Rockville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND		
		Date of death <u>1906 Oct</u>	<u>12</u> <small>Day</small>	<u>60</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>21</u> <small>Days</small>		
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>				
		Occupation <u>Lawyer</u>	Where Residing if not at place of death <u>-</u>					
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Alice A. Bonie</u>					
PHYSICIAN OR CORONER	Father's Name <u>William Veins Bonie</u>		Father's Birthplace <u>Near Palesville</u>					
	Mother's Maiden Name <u>Mary A Bonie</u>		Mother's Birthplace <u>Rockville</u>					
	Name of person giving information <u>Harry V. Bonie</u>		How related to deceased <u>Son</u>					
	CAUSES OF DEATH							
8	Primary <u>Chronic bronchitis with Heart & Lung complications</u>		How long <u>about 8 months</u>					
	Immediate <u>Pneumonia</u>		How long <u>2 days</u>					
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>A. B. Haddock</u>					
			Address <u>Gaithersburg</u> <u>Maryland</u>					
Accident or Suicide? <u></u>								



Name
In Full

Maliinda Jane Boyd

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Goshen</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Oct	31	47	9	13	
Sex		Color or Race		Birth-place			
Female		Colored		Montgomery Co			
Occupation				Where Residing if not at place of death			
Housewife				—			
Married, Single or Widowed		Name of Wife or Husband					
Married		Walter Boyd					
Father's Name				Father's Birthplace			
Isaac Johnson				Montgomery Co			
Mother's Maiden Name				Mother's Birthplace			
Sarah Johnson				"			
Name of person giving information				How related to deceased			
Walter Boyd				Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suppurative Tonsillitis</i>	How long	<i>4 weeks</i>
Immediate	<i>Necrosis of Lung</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>V. H. Dyson</i>	
		Address	
		<i>Raytownville Ind</i>	
Accident or Suicide?			



Mrs Hamilton Brown

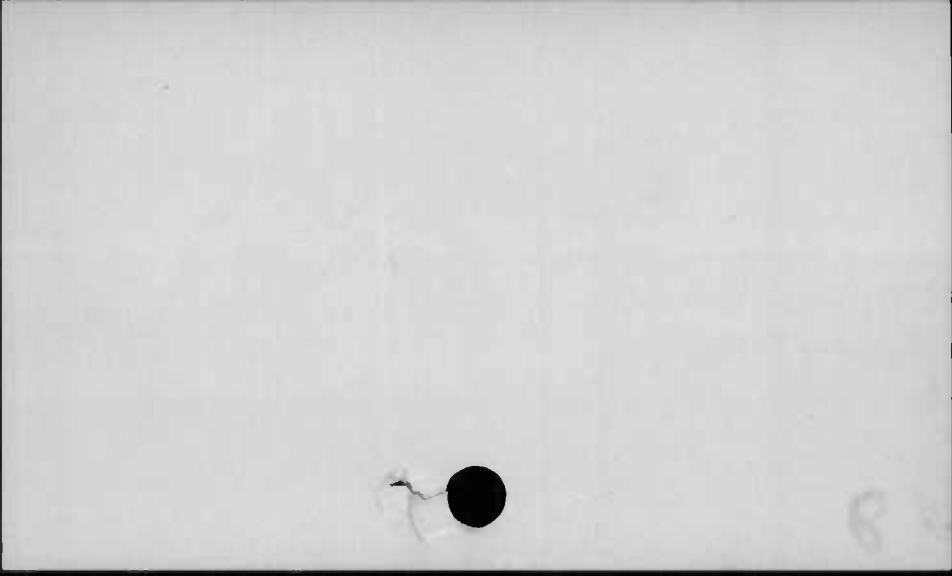
Died at ^{Town} *Olney* ^{County} *Montgomery* MARYLAND

Date <i>1906</i>	Month <i>10</i>	Day <i>11</i>	Age <i>54</i>	Y. <i>-</i>	M. <i>-</i>	D. <i>-</i>	Native of <i>Howard Co</i>	Occupation <i>widow</i>
Male	White	MARRIED	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living		<i>2 -</i>		

Husband of *Milton Brown*Father's Name *Shirley Soden*Mother's Name *Martha Soden*

Cause of	Primary <i>Tuberculosis</i>	How long sick <i>2 years</i>
Death	Immediate <i>slight pneumonia</i>	Accident, Suicide, Homicide

Reported by *Roger Brooke*Address *8 Sandy Spring rd*



Name in Full		Sadie Elvira Cooper				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Glen				Montg'		
		Date of death		1906	Month	Oct	Day	11
		Age		Years	3	Months	—	
		Sex		Female		Color or Race	Black	
		Birth-place		Montg Co Md				
		Occupation		Child		Where Residing if not at place of death		—
Married, Single or Widowed		Single		Name of Wife or Husband		—		
Father's Name		Joseph Cooper				Father's Birthplace		
Mother's Maiden Name		Mary Lewis				Mother's Birthplace		
Name of person giving information		Joseph Cooper.				How related to deceased		
						Father		
		CAUSES OF DEATH						
PHYSICIAN OR CORONER		Primary		Cholera Infantum.		How long		
		Immediate		Debility.		10 weeks		
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		N. J. Gaetz		
		yes		Address		Potomac		
		Accident or Suicide?		X				Md.



2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		190	Month	Day	Age	Years	Months
Sex		Color or Race		Birth-place		Days	
Occupation		Where Residing if not at place of death		Name		Address	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		How related to deceased		Name of person giving information	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	Accident or Suicide?



Name
in
Full

Julia A. Duley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Potomac</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Oct</i>	Day <i>10</i>	Age <i>79</i>	Months <i>X</i>	Days <i>X</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Montgomery Co. Md.</i>		
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mrs. L. Duley</i>					
Father's Name <i>Parget</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John B. Duley</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Faltered Heart action</i>	How long <i>79</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Hutchinson M.D.</i>
<i>yes</i>	Address <i>Roadville Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

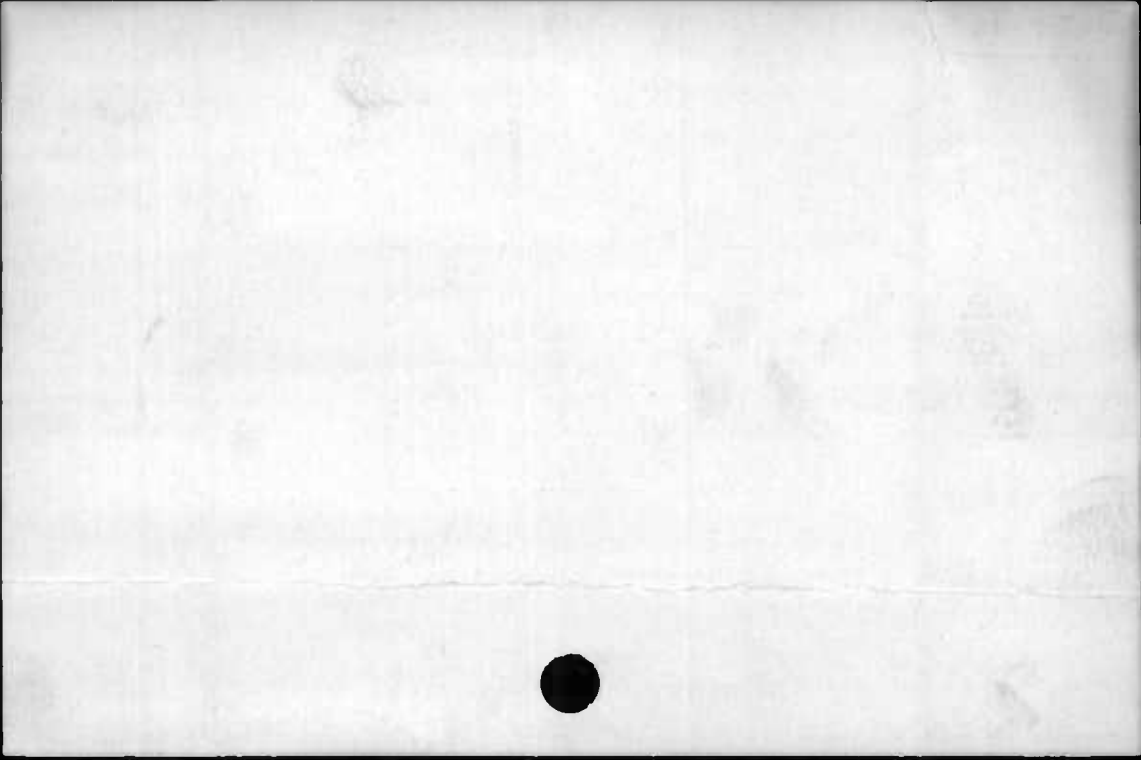
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harvey Suvall</i>		Town <i>Woodfield</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>30</i>	Age <i>17</i>	Years <i>17</i>	Months <i>1</i>	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Occupation			Where Residing If not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>W. Franklin Suvall</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Harriet E. Pusden</i>			Mother's Birthplace				
Name of person giving information <i>W. F. Suvall</i>			How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>Bronchopneumonia</i>	How long <i>over 1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. E. Wells</i>
	Address <i>Clarkstown Md</i>
Accident or Suicide?	



Name
in
Full

Mrs Ida Duwall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Lanctonville

Town

Montg

County

MARYLAND

Date

of death

1906 Oct

Month

Day

Age

Years

51

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

House-Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Luther Duwall

Father's
Name

Charlie Brady

Father's
Birthplace

Frederick

Mother's
Maiden Name

Lary Beall

Mother's
Birthplace

Md

Name of person giving
information

Luther Duwall

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Cancer

How long

One Year

Immediate

14

How long

14

Are the name, age, sex, color, date
and place correctly given above?

yes

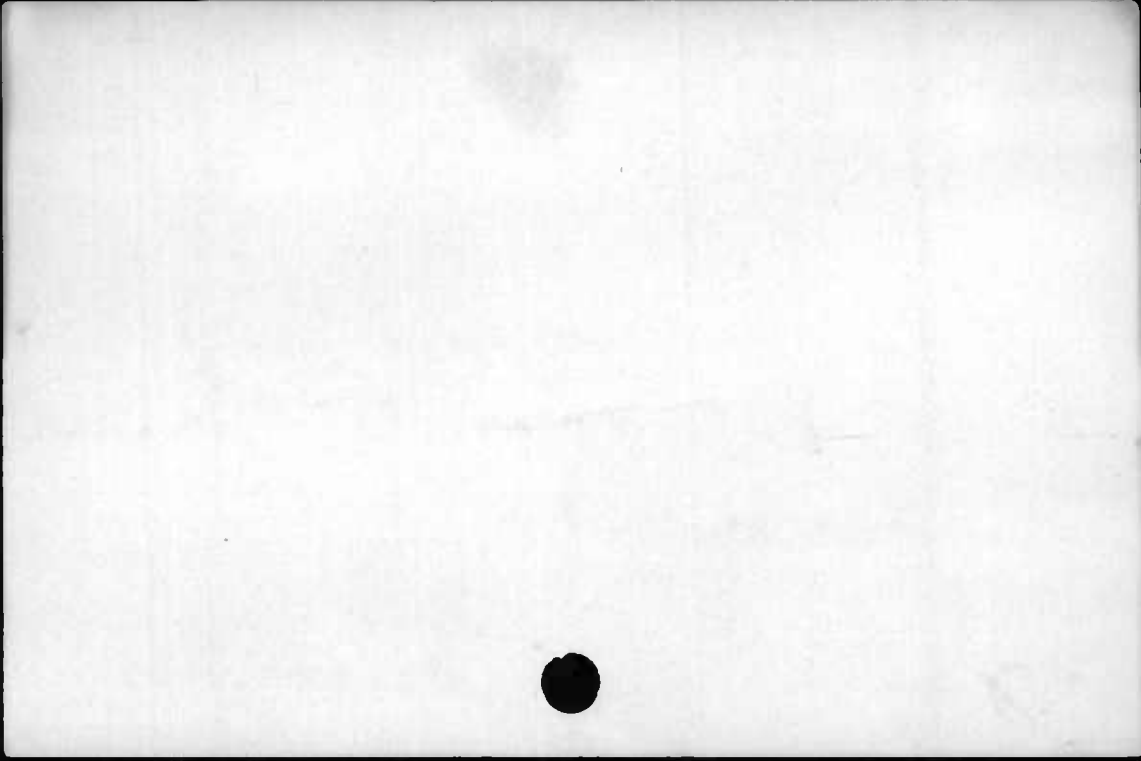
Signature of
Physician

E. H. Echison

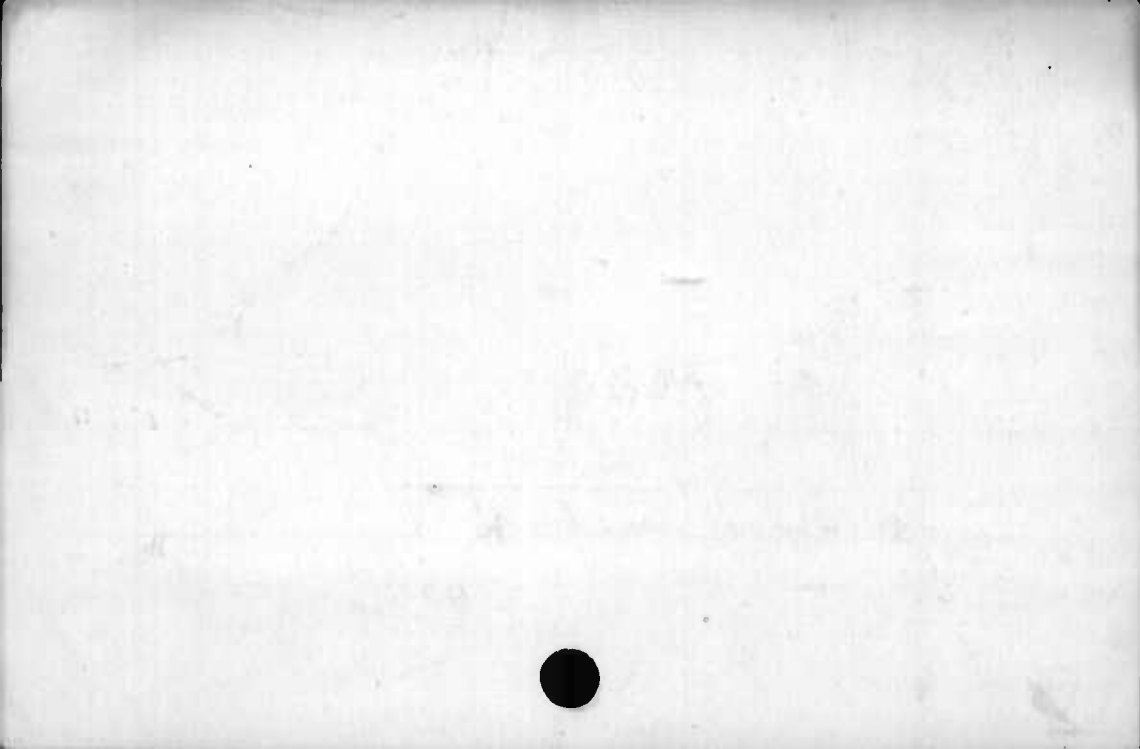
Address

Baltimore
Md

Accident or Suicide?



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Sunshine</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>	
		Date of death <i>1906 Oct 3</i> <small>Month Day</small>		Age <i>87</i> <small>Years</small>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation <i>Stonemason</i>		Where Residing if not at place of death <i>Sunshine</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sarah Coomes</i>	
		Father's Name <i>James Dwyer</i>		Father's Birthplace <i>—</i>	
		Mother's Maiden Name <i>Price</i>		Mother's Birthplace <i>—</i>	
		Name of person giving information <i>Hugh C. Townsend</i>		How related to deceased <i>Son</i>	
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Acute Infectious</i> (80)		How long <i>12 hours</i>	
		Immediate <i>Asphyctic Pneumonia</i>		How long <i>4 days</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. B. Spurr</i>	
				Address <i>Unity, Pa.</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bermenth</u>		<u>Monte</u> County		MARYLAND	
Date of death	190 <u>6</u>	Month	<u>10</u>	Day	<u>22</u>
Age		<u>15</u>	Years	<u>9</u>	Months
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Ind</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Lewis C. Driggall</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Katie, Goodray</u>		Mother's Birthplace			
Name of person giving information <u>Lewis C. Driggall</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Typhoid FeverHow long 4 wksImmediate Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

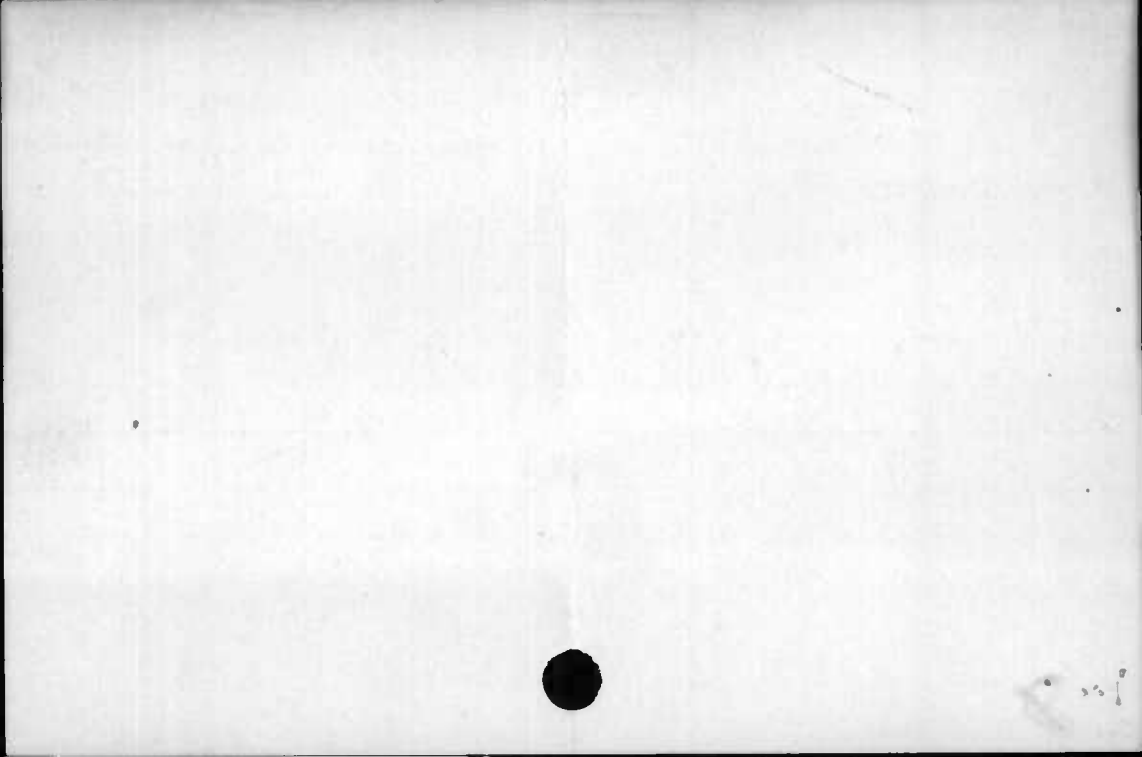
Signature of Physician

H. B. Haddox.

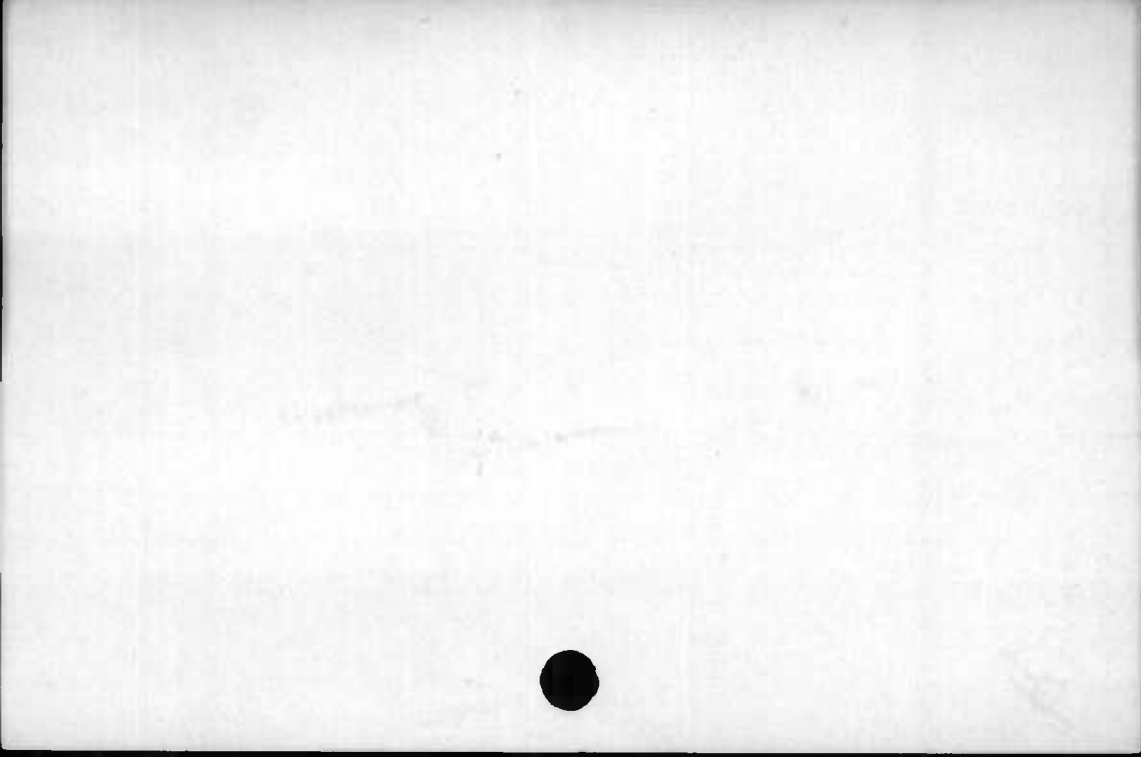
Address

Gaithersburg,
Ind.

Accident or Suicide?



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Baithersburg</u>				<u>Montgomery</u>		MARYLAND			
		Date of death <u>1904</u>		Month <u>Oct</u>		Day <u>10</u>		Age <u>3</u>		Years <u>29</u>	
		Sex <u>Female</u>				Color or Race <u>White</u>		Birth-place <u>Baithersburg</u>			
		Occupation					Where Residing if not at place of death				
		Married, Single or Widowed				Name of Wife or Husband					
		Father's Name <u>Neal Fry</u>				Father's Birthplace <u>Va</u>					
		Mother's Maiden Name <u>Wellie Read</u>				Mother's Birthplace <u>Md</u>					
PHYSICIAN OR CORONER		Name of person giving information <u>Neal Fry</u>				How related to deceased <u>Father</u>					
		CAUSES OF DEATH									
		Primary <u>Whooping Cough</u>				How long <u>One Week</u>					
		Immediate <u>Exhaustion</u>				How long <u>3 hours</u>					
8		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>E H Etchison</u>					
						Address <u>Baithersburg Md</u>					
		Accident or Suicide?									



Name
in
Full

Albert Gallucci

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

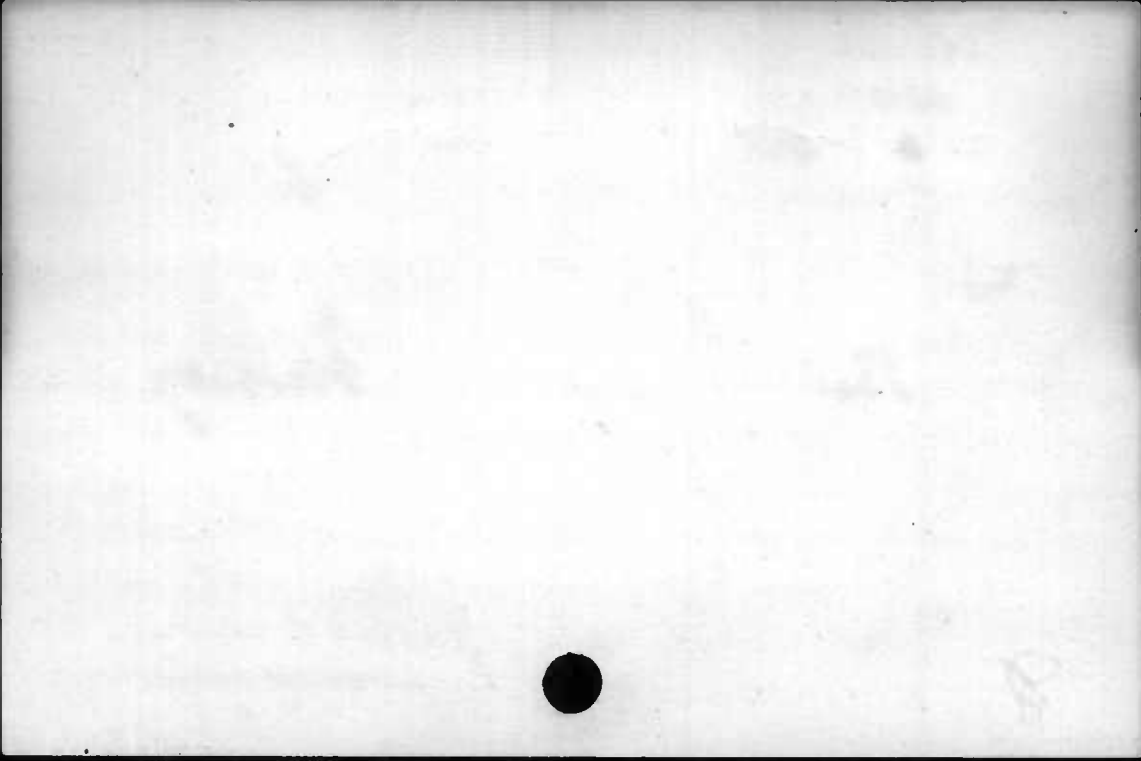
MARYLAND

Died at <u>Poolesville</u> ^{Town}		<u>Montgomery</u> ^{County}			
Date of death	1906	Month	10	Day	5
		Age	76	Years	1
Sex	<u>male</u>		Color or Race	<u>white</u>	
Occupation	<u>Farmer</u>		Birth-place		
Where Residing if not at place of death					
<input checked="" type="checkbox"/> Married, Single			Name of Wife or Husband		
<input checked="" type="checkbox"/> Widowed					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic endocarditis</u>	How long	<u>10 yrs.</u>
Immediate	<u>Septic pneumonia</u>	How long	<u>7 dd</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>U. H. House M.D.</u>	
		Address	
		<u>Danversville Ind</u>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

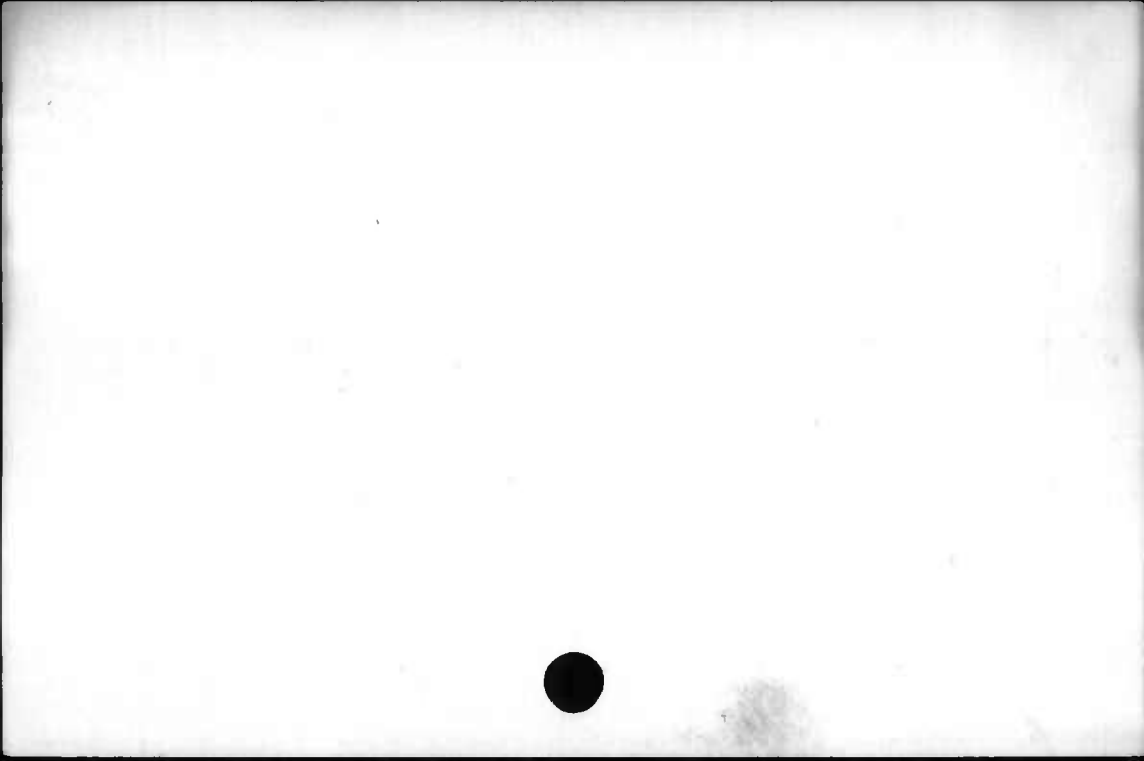
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ashton</i> ^{Town}		<i>Monro</i> ^{County}		MARYLAND	
Date of death	1906	Month	Oct	Day	4
Age		Years		2	
Sex	Male		Color or Race	White	
Occupation	—		Birth place	<i>Spencerville</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Charles Grey</i>		
Mother's Maiden Name			<i>Bethel Pierce</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Trunk wound</i>	How long	<i>5 days</i>
Immediate	<i>apnea</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. R. Burton</i>	
		Address	
		<i>Spencerville</i>	
		<i>MD.</i>	
Accident or Suicide?			



Name
in
Full

Emma Bawie Halland

CERTIFICATE OF DEATH

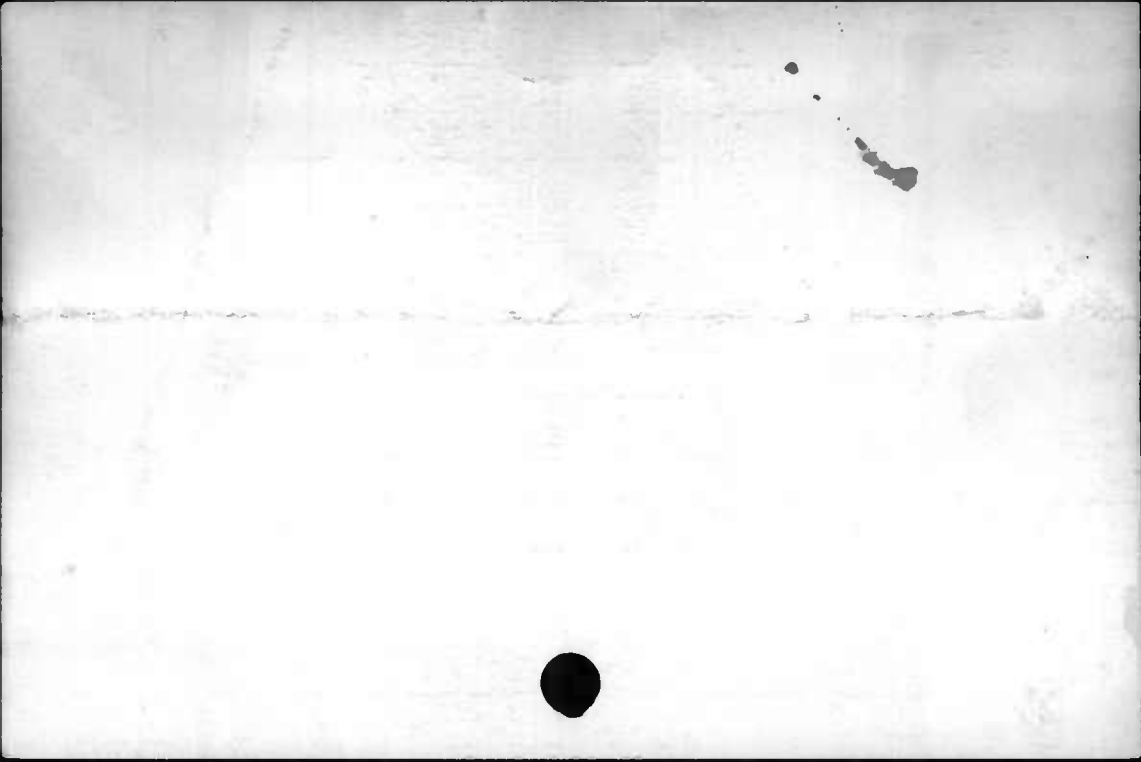
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rockville</i> Town		<i>Montgomery</i> County		MARYLAND	
Date of death 190	<i>6</i>	Month	<i>10</i>	Day	<i>13</i>
Age		<i>67</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Married, Single or Widowed	<i>Single</i>		Occupation	<i>—</i>	
Name of Wife or Husband <i>—</i>					
Father's Name			<i>Jacobus Halland</i>		
Mother's Maiden Name			<i>Wittman</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Spinal Sclerosis</i>	How long	<i>Several years</i>
Immediate	<i>E. L. L. L. L.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>A. J. L. L. L.</i>
		Address	<i>Rockville Md.</i>
Accident or Suicide?			



Name
in
Full

Richard Goldsboro Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Brighton* Town *Montgomery* County
 Date of death *1906* Month *Oct.* Day *5* Age *1 week* Years Months Days
 Sex *Male* Color or Race *Colored* Birth-place *Brighton*
 Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*John Johnson*Father's
Birthplace*Gaithersburg*Mother's
Maiden Name*Agnes Askins*Mother's
Birthplace*Brookville*Name of person giving
Information*Agnes Stabler*How related
to deceased*Mother*

CAUSES OF DEATH

Primary

Constipation

How long

3 days

Immediate

Convulsions

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Agnes Stabler*

Address

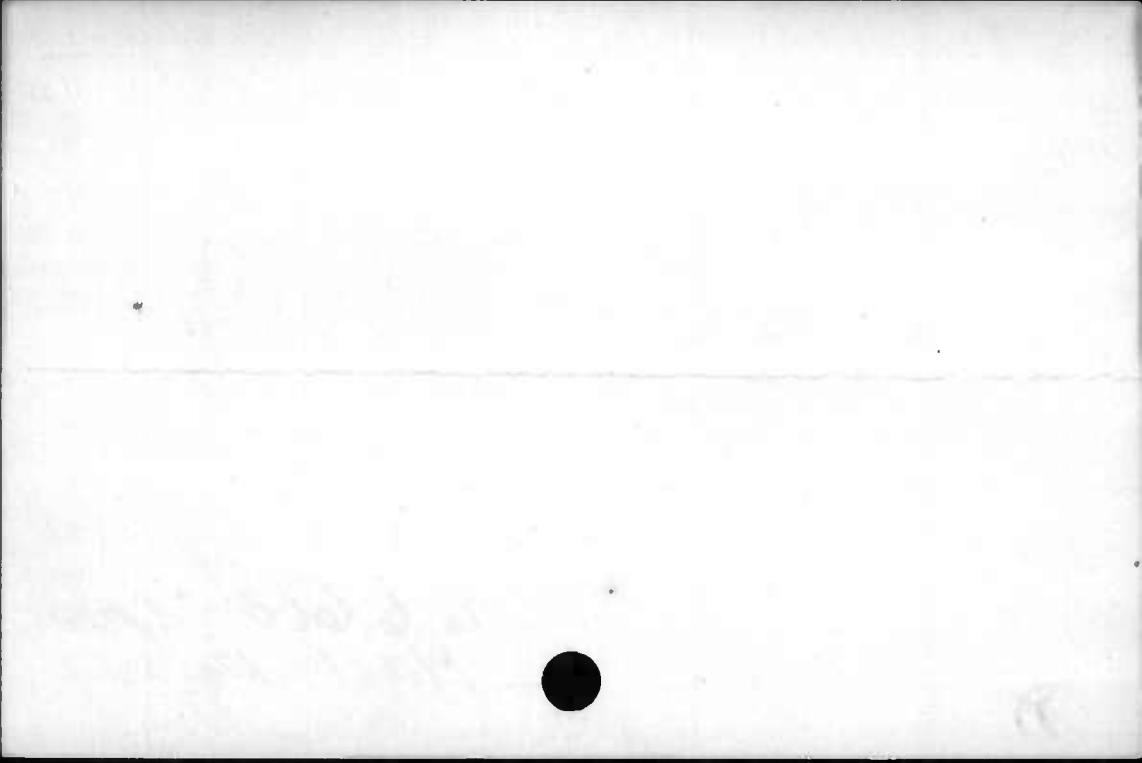
Brighton

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		STEPHEN B. LYDDANE				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Rockville		Montgomery		MARYLAND		
	Date of death	1906	Month 10	Day 9	Age 35	Months	Days	
	Sex	Male		Color or Race	White		Birth-place	Maryland
	Occupation	Merchant			Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Fannie Lyddane				
	Father's Name	Edward Lyddane				Father's Birthplace	Maryland	
	Mother's Maiden Name	Harriet Magruder				Mother's Birthplace	Maryland	
Name of person giving information	Bessie Lyddane				How related to deceased	Cousin		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Typhoid Fever				How long	Five weeks	
	Immediate	Intestinal Hemorrhage				How long	Two weeks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	Edward Anderson M.D.		
					Address	Rockville, Md.		
	Accident or Suicide?		No					



Name

In
Full

Marion Meun

CERTIFICATE OF DEATH

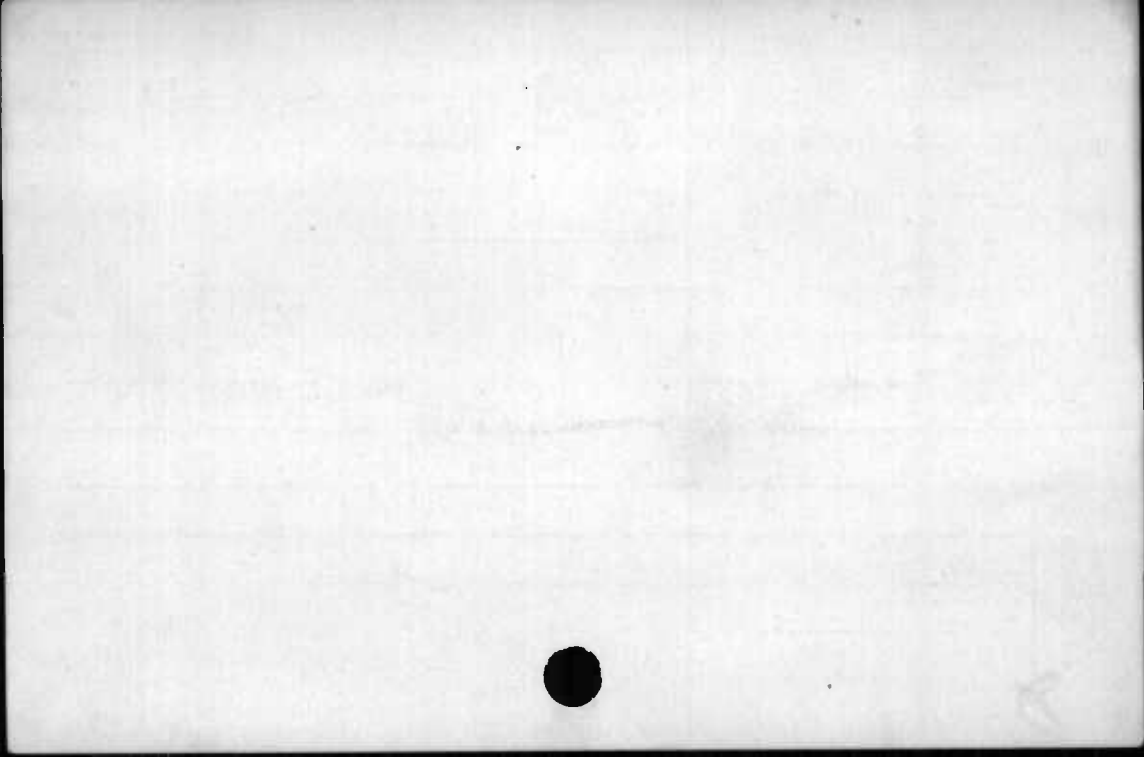
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND		
Near Gaithersburg		Montgomery						
Date of death	1906	Month	Oct	Day	15	Age	0	
						Years	0	
						Months	0	
						Days	14	
Sex	Female		Color or Race	White		Birth-place	Near Gaithersburg	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			Edward Meun				Father's Birthplace	Md
Mother's Maiden Name			Bertie Peck				Mother's Birthplace	Md
Name of person giving information			Edward Meun				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exhaustion	How long	5 days
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. B. Elchispre	
Address		Gaithersburg Md	
Accident or Suicide?		X	



Name
in
Full

CERTIFICATE OF DEATH

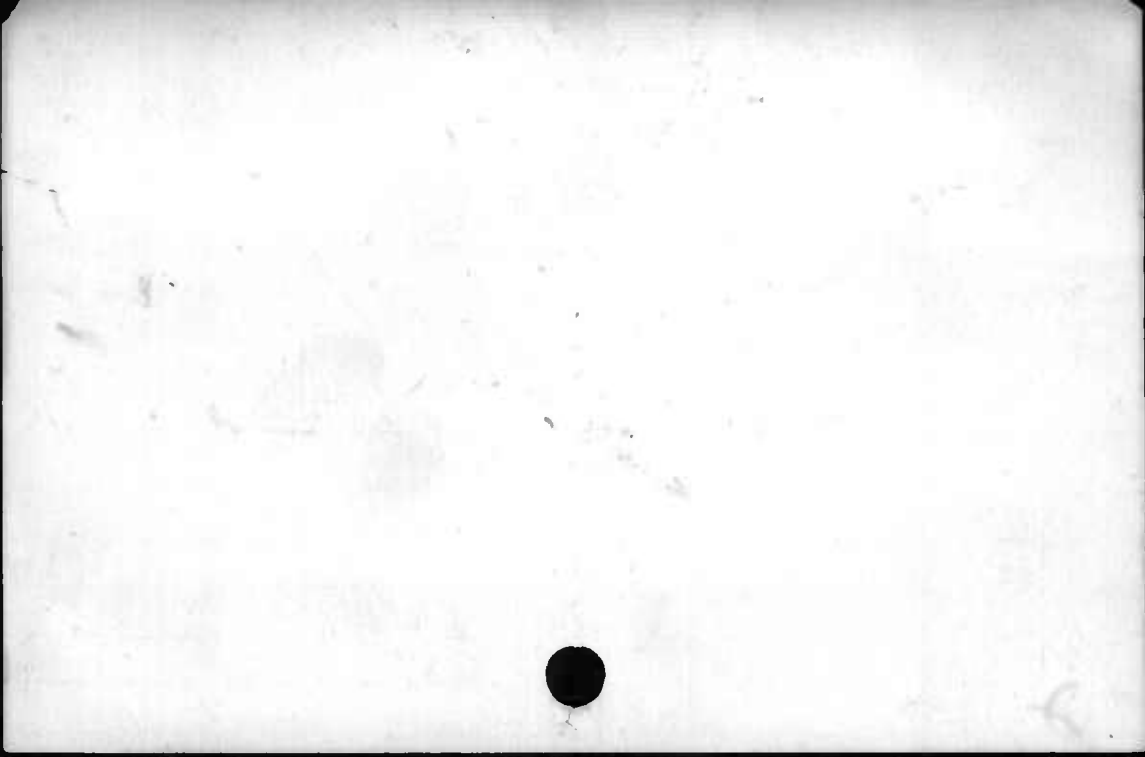
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lan Hic</i>		County <i>Montgomery</i>		MARYLAND	
Date of death		1906	Month <i>Oct</i>	Day <i>21</i>	Age <i>56</i>	Years <i>10</i>	Months <i>26</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George Miller</i>					
Father's Name <i>Louis Schmitt</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Margaret Lauer</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Geo. Miller</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	How long	<i>64</i>
Immediate	<i>Apoplexy</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Burgess Jones</i>	
		Address <i>Killington</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Thomas D. Murphy.

CERTIFICATE OF DEATH

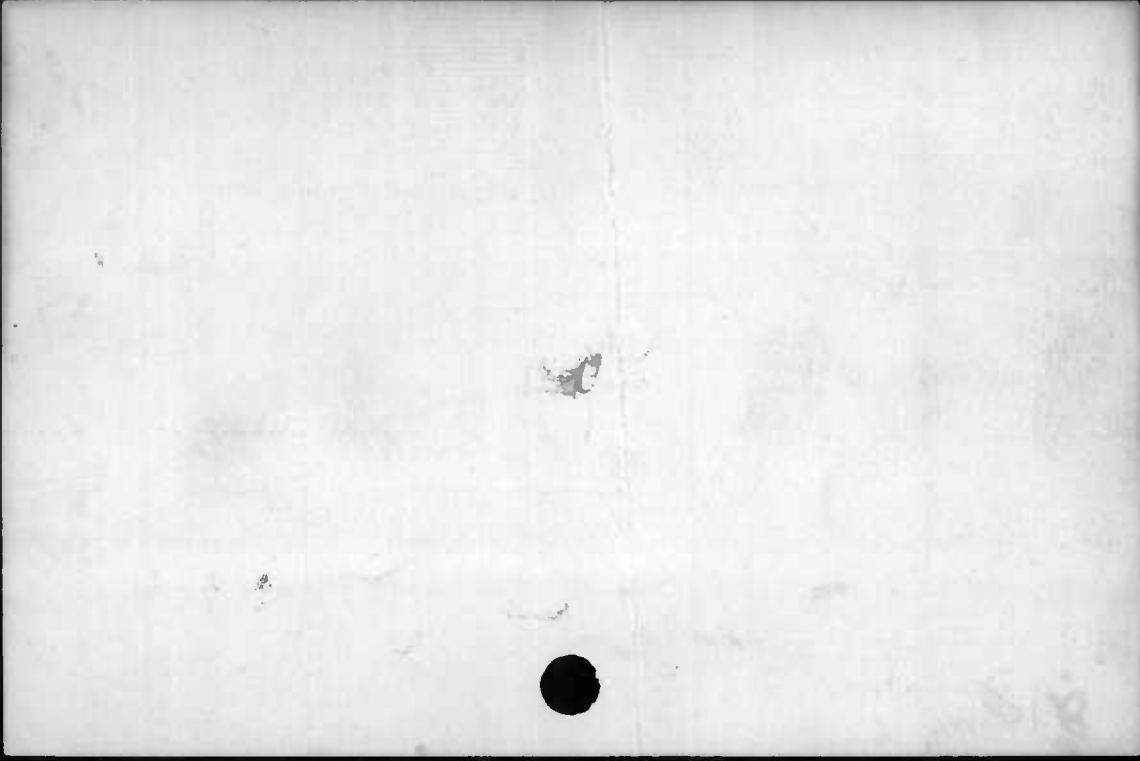
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Fourth Glen		County Montgomery		MARYLAND	
Date of death	1906	Month 10	Day 25	Age 65	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Ireland
Occupation	clerk			Where Residing if not at place of death		Fourth Glen	
Married, single or widowed				Name of Wife or Husband		Sallie Murphy	
Father's Name				Father's Birthplace		Ireland	
Mother's Maiden Name				Mother's Birthplace		Ireland	
Name of person giving in formation	Sallie Murphy			How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis		How long	3 years.
Immediate	Pernicious Anemia		How long	1 month
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E. A. Wright
			Address	Fourth Glen. Md
Accident or Suicide?				



Name in Full

Certificate of Death

Ammie M. Parker

Town

County

Died at

Layhill

Montgomery

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

10

12

Age

27.5

-

Montgomery, house wife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living 2 -

Husband

of

Charles H. Parker

~~Wife~~

Father's

Name

Daniel Hagen

Mother's

Name

Bernie Hagen

Cause of

Primary

Puerperal septicaemia

How long sick

11. days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

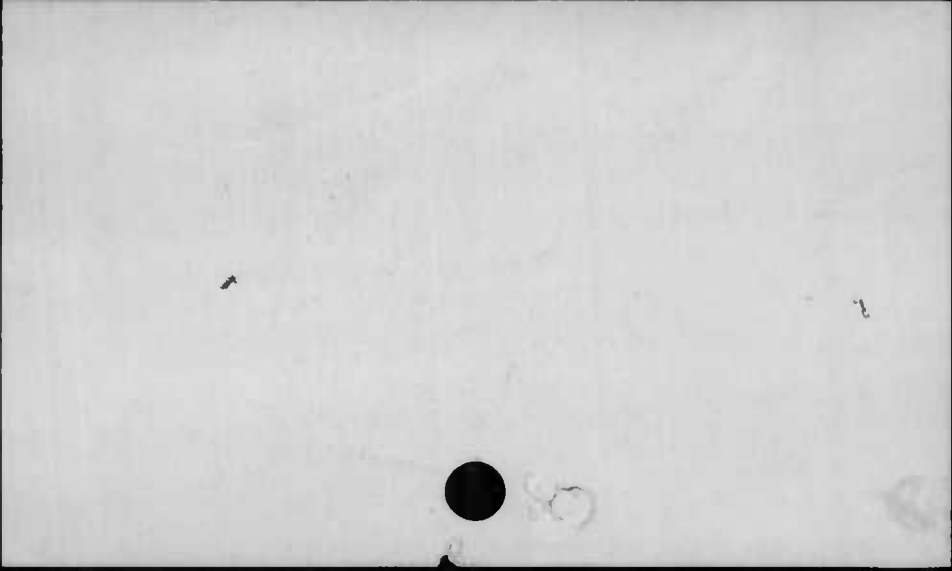
Roger Butler

Address

Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706



Name
in
Full

Fred. Procter

CERTIFICATE OF DEATH

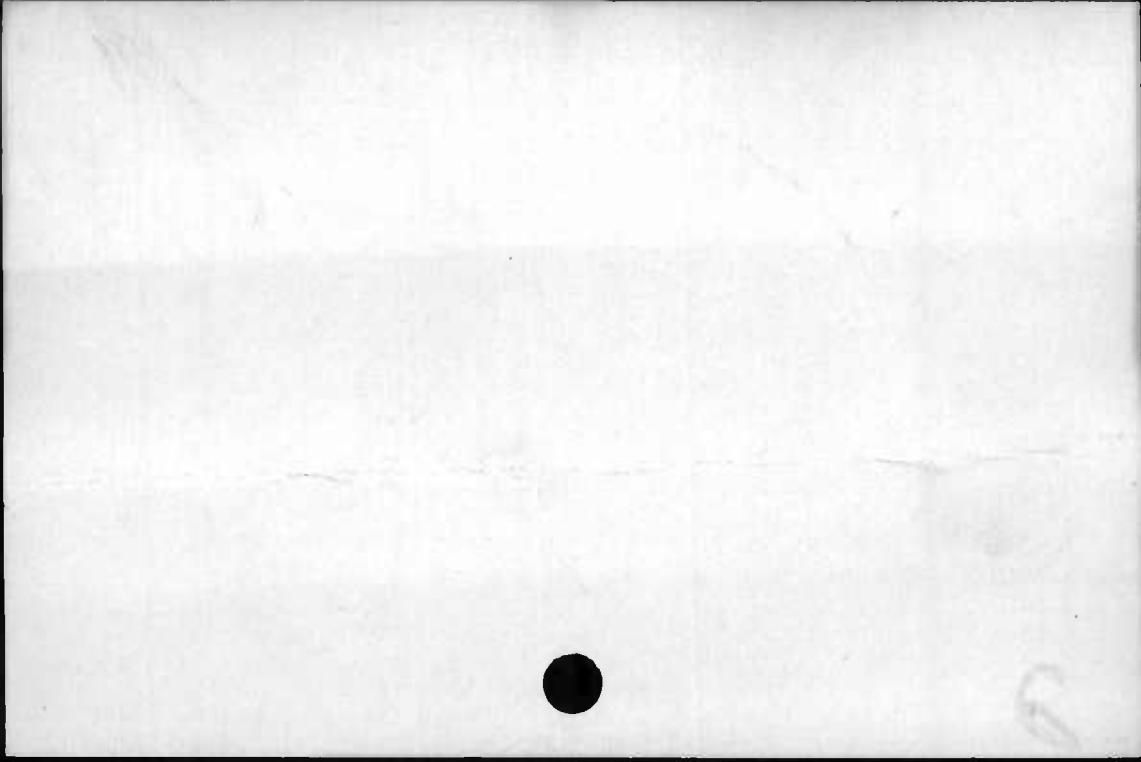
TO BE ANSWERED BY
NEAREST FRIEND

Died at .		Town Spencerwill		County Montgomery		MARYLAND	
Date of death	1906	Month Oct	Day 29	Age 69	Years	Months	Days
Sex	Male		Color or Race	Black		Birth place	Howard Co.
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	Mary Lutter			
Father's Name	Fred Procter					Father's Birthplace	Howard Co
Mother's Maiden Name							
Name of person giving Information	Eric Roswell					How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Howd end in heart	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		J. R. Patton
		Address Spencerwill
		Md
Accident or Suicide?		



Name
In
Full

Christina

Rabbitt

CERTIFICATE OF DEATH

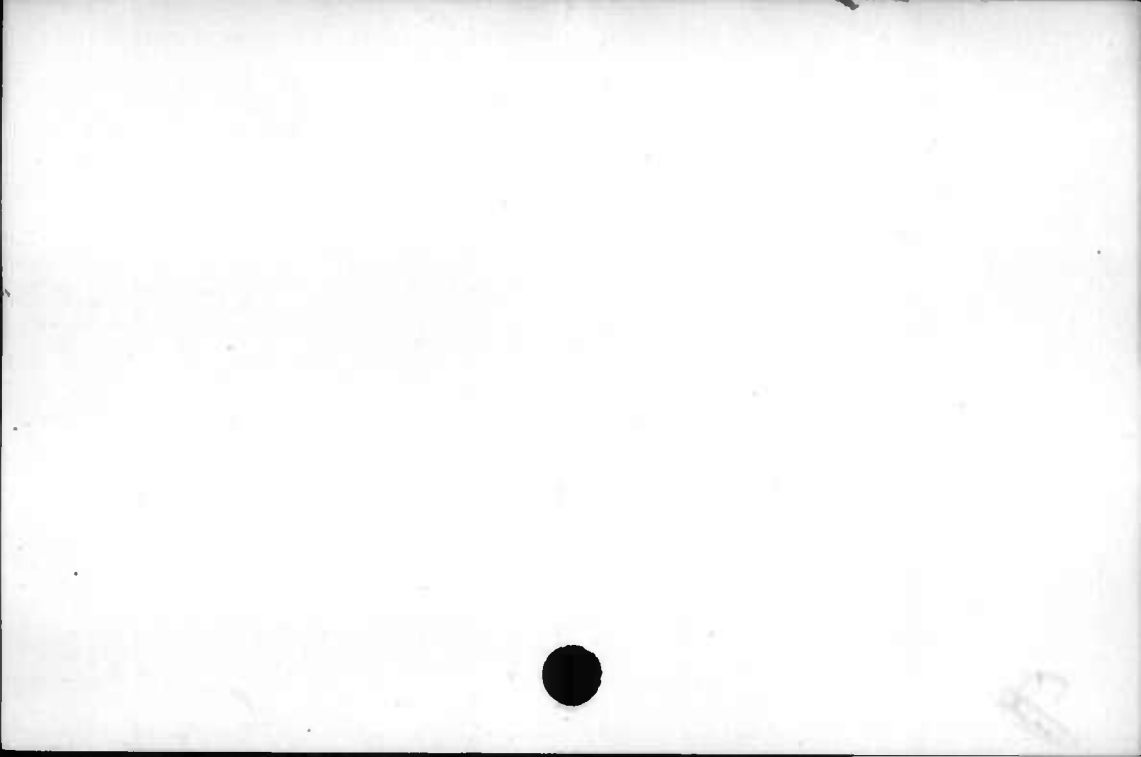
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Aspen		Montgomery		MARYLAND	
Date of death	1906	Month	Oct	Day	13	Age	68
Sex	Female	Color or Race	White	Birthplace	Iowa		
Occupation	Housewife		Where Residing if not at place of death		Same		
Married, Single or Widowed	Widow	Name of Wife or Husband	Edward Rabbitt				
Father's Name	— Leadingham					Father's Birthplace	England
Mother's Maiden Name	—					Mother's Birthplace	England
Name of person giving information	E. B. Rabbitt					How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis in the brain		How long	—
Immediate	Apoplexy		How long	Four hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Eugene Jones		
Address		Knoxington		
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Daniel Thompson		Town Rockville		County Montgomery		State MARYLAND	
Died at Rockville		Month 10		Day 27		Age 66	
Date of death 1906		Month 10		Day 27		Age 66	
Sex Male		Color or Race Colored		Birth-place Ind. Gaithersburg			
Occupation Laborer		Where Residing if not at place of death Gaithersburg					
Married, Single or Widowed Widowed		Name of Wife or Husband					
Father's Name Don't Know		Father's Birthplace Ind.					
Mother's Maiden Name " "		Mother's Birthplace Ind.					
Name of person giving information William Thompson		How related to deceased Son					

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary Arteriosclerosis	How long Two Years
Immediate Exhaustion	How long Three Weeks
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician E. C. Otterisore
	Address Gaithersburg, Md.
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

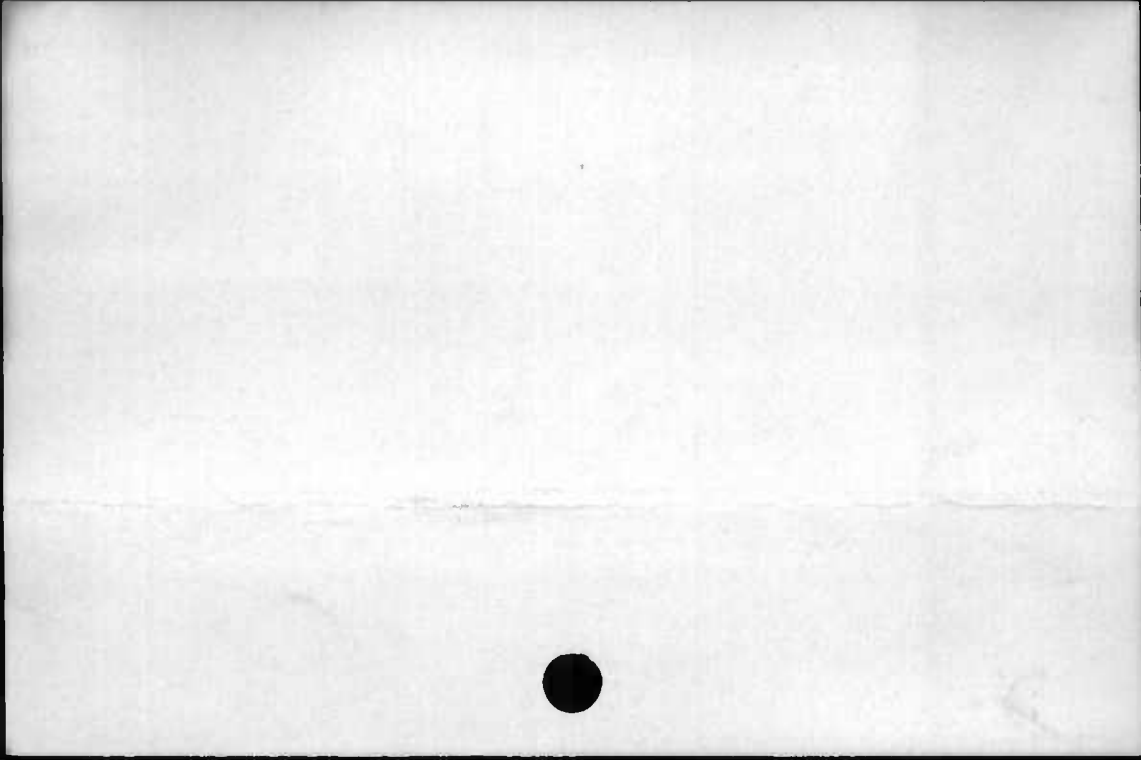
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Janie. Tucker</i>		Town <i>Ednor</i>		County <i>Montg.</i>		MARYLAND	
Died at <i>Ednor</i>		Month <i>Oct.</i>		Day <i>24</i>		Years <i>17</i>	
Date of death <i>1906</i>		Month <i>Oct.</i>		Day <i>24</i>		Age <i>17</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ednor</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>Shurman Tucker</i>				Father's Birthplace <i>Ednor</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Shurman Tucker</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>5 days</i>
Immediate <i>Apnoea</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John H. Watson</i>
	Address <i>Spencerwood Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Wm. Clem Vinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

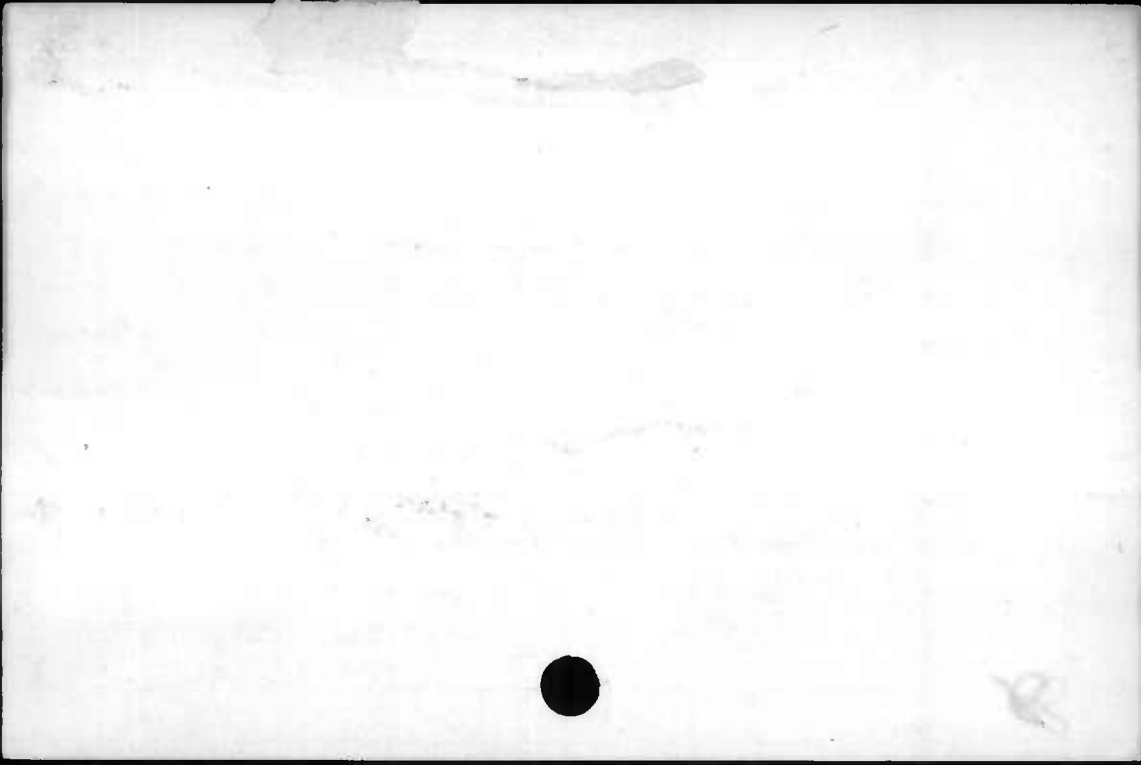
MARYLAND

Died at Town Potomac		County Montg			
Date of death 1906	Month Oct	Day 18	Age 3	Months —	Days —
Sex Male	Color or Race Black		Birth- place Montg Co Md		
Occupation Child		Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name Louis Vinson			Father's Birthplace Montg Co Md		
Mother's Maiden Name Lulu Martin			Mother's Birthplace Montg Co Md		
Name of person giving In formation Louis Vinson			How related to deceased father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia	How long 93	How long four weeks
Immediate Strangulation	How long 93	How long few minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. J. Pratt	
Yes	Address Potomac Md.	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1906		Oct.		29		Age		34			
Sex		Male		Color or Race		Colored		Birth-place		Montgomery Co. Md.	
Occupation		Trailer		Where Residing if not at place of death							
Married, Single or Widowed		Widowed		Name of Wife or Husband		Mary Cooke					
Father's Name		Frederick Wheatley		Father's Birthplace		St. Mary's Co. Md.					
Mother's Maiden Name		Julia Ann Stevenson		Mother's Birthplace		Montgomery Co. Md.					
Name of person giving information		Julia Wheatley		How related to deceased		Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	27	How long	27
Immediate	Apurona	How long		How long	27
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
				B. H. Farguhar	
				Address	
				Olney	
				Md.	
Accident or Suicide?					



Name
in
Full

Millie Williams

CERTIFICATE OF DEATH

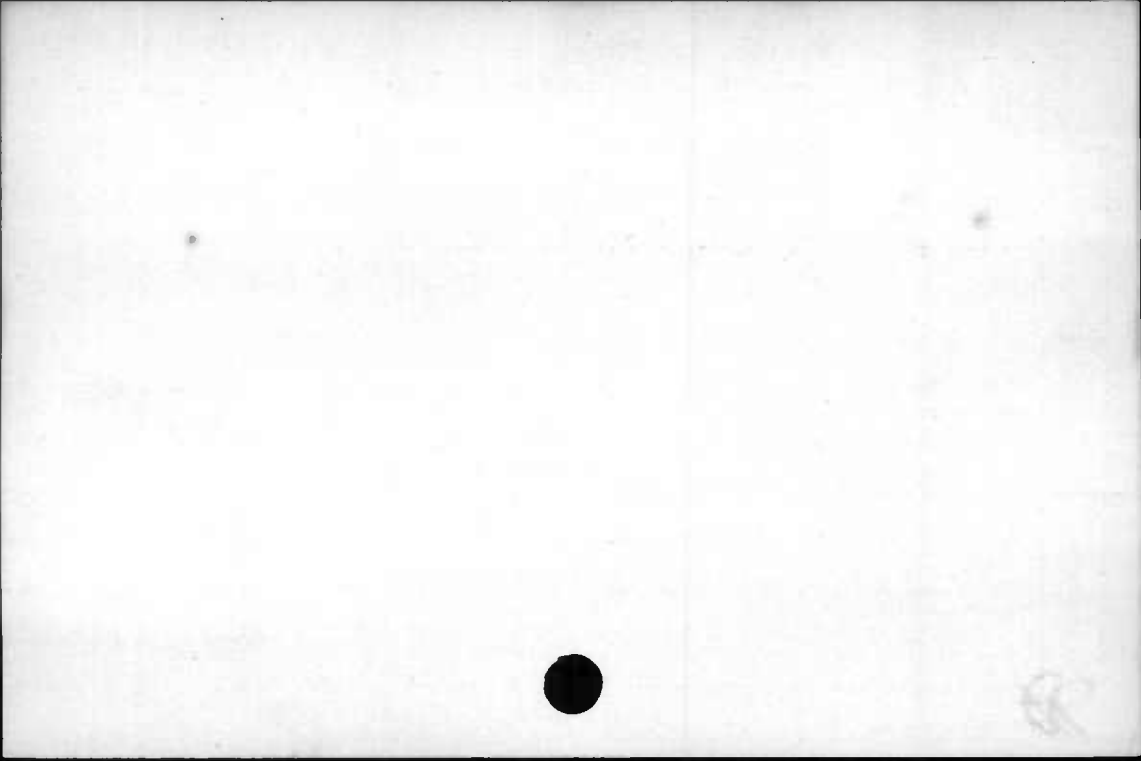
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Poolesville</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>October</i> ^{Month}	<i>20</i> ^{Day}	Age <i>80</i> ^{Years}	<i>9</i> ^{Months}	<i>17</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Poolesville</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Robert Williams</i>			
Father's Name <i>Hamilton</i>		Father's Birthplace <i>Poolesville</i>			
Mother's Maiden Name <i>Ellie Hamilton</i>		Mother's Birthplace <i>Poolesville</i>			
Name of person giving information <i>Robert Williams</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long <i>154</i>
Immediate	How long <i>month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. B. Holt Sub-reg</i>
	Address <i>Poolesville Md</i>
Accident or Suicide?	



Name

In
Full

Williard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Poolsville* Town*Montgomery* CountyDate of death *1906* *October* MonthDay *16*

Age

Years

Months

Days *1*Sex *Male*Color or
Race*White*Birth
place*Poolsville Md*

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Harry Williard*Father's
Birthplace*Poolsville*Mother's
Maiden Name*Delmar Dutrow*Mother's
Birthplace*Hazlettown Md*Name of person giving
information*Julius Hall*How related
to deceased*undertaker*

CAUSES OF DEATH

Primary

Premature birth

How long

151

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. P. Hott sub reg*

Address

*Poolsville**Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

